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**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	Not yet assigned
Filing Date	Herewith
First Named Inventor	In Hwan Yeo
Title	Medical Phantom, Holder and Method...
Art Unit	Not yet assigned
Examiner Name	Not yet assigned
Attorney Docket Number	23240-RA

I hereby appoint:

 Practitioners associated with the Customer Number:

30184

OR

 Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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 The address associated with the above-mentioned Customer Number:

OR

 The address associated with Customer Number:

OR

 Firm or Individual Name

Address

Address

City

State

Zip

Country

Telephone

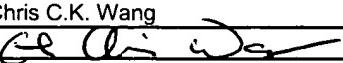
Fax

I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	Chris C.K. Wang
Signature	
Date	4/30/2004
	Telephone

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

 *Total of 4 forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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SIGNATURE of Applicant or Assignee of Record

Name Sandra McIntoshSignature Sandra McIntoshDate 5/5/04Telephone 703-425-0778

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SIGNATURE of Applicant or Assignee of RecordName In Hwan YeoSignature In Hwan YeoDate May 07, 2004Telephone 905-780-0216

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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<input type="checkbox"/>	Firm or Individual Name	
Address		
Address		
City	State	Zip
Country		
Telephone	Fax	

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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	Akbar Beiki-Ardakani		
Signature	<i>A. Beiki</i>		
Date	May 12, 2004	Telephone	905 763 1920

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration
Submitted
with Initial
Filing

OR

Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket Number	23240-RA
First Named Inventor	In Hwan Yeo
COMPLETE IF KNOWN	
Application Number	
Filing Date	
Art Unit	
Examiner Name	

As the below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

MEDICAL PHANTOM, HOLDER AND METHOD OF USE THEREOF

(Title of the Invention)

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:				

[Page 1 of 2]

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to:

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OR

Correspondence address below

Name

Address

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State

ZIP

Country

Telephone

Fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR : A petition has been filed for this unsigned inventorGiven Name IN HWAN
(first and middle [if any])Family Name YEO
or SurnameInventor's
SignatureMay, 07, 2004
DateONTARIO RICHMOND HILL
Residence: CityCANADA
State ONTARIOCANADA
CountryKOREA
Citizenship

26 Leno Mills Avenue, Richmond Hill, ON

Mailing Address

Ontario RICHMOND HILL
CityCanada
State ONTARIOL4S1J6
ZIPUSA CANADA
CountryNAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventorGiven Name
(first and middle [if any])Family Name
or SurnameInventor's
Signature

Date

Residence: City

State

Country

Citizenship

Mailing Address

City

State

ZIP

Country

 Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION**
(37 CFR 1.63)

Declaration Submitted with Initial Filing

OR

Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	23240-RA
First Named Inventor	In Hwan Yeo
COMPLETE IF KNOWN	
Application Number	
Filing Date	
Art Unit	
Examiner Name	

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My residence, mailing address, and citizenship are as stated below next to my name.

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Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	Certified Copy Attached? NO
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

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[Page 1 of 2]

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Name _____

Address _____

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State _____

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Telephone _____

Fax _____

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR : A petition has been filed for this unsigned inventor

Given Name **Sandra**
(first and middle [if any])

Family Name
or Surname **Mcintosh**

Inventor's
Signature

5/5/04
Date

Athens
Residence: City

Georgia
State

USA
Country

USA
Citizenship

110 Rossiter Court

Mailing Address

Athens
City

Georgia
State

30606
ZIP

USA
Country

NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor

Given Name
(first and middle [if any])

Family Name
or Surname

Inventor's
Signature

Date

Residence: City

State

Country

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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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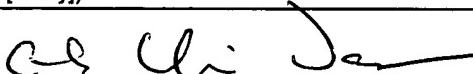
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NAME OF SOLE OR FIRST INVENTOR : A petition has been filed for this unsigned inventor

Given Name **Chris C.K.**
(first and middle [if any])

Family Name **Wang**
or Surname

Inventor's Signature 

Date **4/30/2004**

Residence: City **Chamblee**

State **Georgia**

Country **USA**

Citizenship **USA**

3480 Evens Ridge Drive

Mailing Address

City **Chamblee**

State **Georgia**

ZIP **30341**

Country **USA**

NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor

Given Name
(first and middle [if any])

Family Name
or Surname

Inventor's Signature

Date

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State

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 Given Name Akbar
 (first and middle [if any])

 Family Name
 or Surname Beiki-Ardakani
Inventor's
Signature*A. Beiki*May 12, 2004
DateOntario
Residence: City

Thornhill

Canada
State ONTARIOCANADA
CountryCanada
Citizenship

26 Lene Mills Avenue, Richmond Hill

Mailing Address 47 Aberfeldy Cres

Ontario
City

Thornhill

Canada
State ONL3T4C1
ZIPCANADA
Country**NAME OF SECOND INVENTOR:**

A petition has been filed for this unsigned inventor

 Given Name
 (first and middle [if any])

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